



Northwestern University



# 2009-2010 Sibling Enrollment Verification

Dear Northwestern Student & Parent:

Your financial aid application has been selected for review in a process called verification. As part of this process, Northwestern University's Financial Aid Office verifies the enrollment for those family members listed on your application materials. Please forward this form appropriately to confirm your financial aid offer.

## A. Northwestern University Student Information

Name: \_\_\_\_\_ Student ID# : \_\_\_\_\_

My sibling, \_\_\_\_\_:

- will attend a post-secondary institution during the 2009-2010 academic year (continue to Section B or attach documentation).
- will *not* attend a post-secondary institution during the 2009-2010 academic year (return this form to NU).

## B. Sibling Information

To be completed by the sibling of the Northwestern University student.

*In order to verify information on my sibling's financial aid application, I authorize the institution in which I am enrolled to release the information requested to Northwestern University.*

Name of Institution: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ School ID or Social Security Number: \_\_\_\_\_

Sibling's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## C. Enrollment Verification

To be completed by the Financial Aid Office of the institution referenced in Section B.

The Northwestern University student (Section A) has indicated that he/she has a sibling, referenced in Section B, attending your institution. Please complete the following information regarding the student enrolled in your institution to assist us in our verification. Return this form to **Northwestern University's Office of Financial Aid, 1801 Hinman Avenue - 2<sup>nd</sup> Floor, Evanston, IL 60208.**

Expected graduation date: \_\_\_\_\_  
Month Year

- Current enrollment status:
- Undergraduate
  - Graduate/Professional
  - Full-time
  - Half-time
  - Less than half-time
  - Not enrolled

- Dependency status for federal funding:
- Dependent
  - Independent

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Financial Aid Administrator: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_